cancer bladder

management

investigation

lab.

S.Q.CC

- cytology
  - very low
  - low grade
  - high grade
- T. markers

TCC.

- cytology
  - non-bilh.
    - 30-50%
    - 80%
  - bilharzial
    - -ve

routine

- bl. sugar
- K.F.T
- hepatitis

imaging

instrumental

- cystoscopy
- biopsy
- bimanual e GA

treatment

non-bilharz.

superficial(tis.ta.t1)

- low risk
  - TURT
  - chemo
  - no 2nd look or BCG
- medium risk
  - TURT
  - reTURT
  - adj.
    - option
    - chemo or radio
    - for 1 y
- high risk
  - TURT
  - chemo
  - 2nd look
    - 2-4 wks
    - remove residual
  - BCG
    - every 6 wks
    - then once m 1-3y
- CIS
  - BCG
    - best
    - if failed
      - radical
      - no TURT

ms-invasion

- operable
  - radical cystectomy
    - indication
      - low stage ms inv.
      - multicentric
      - high grade
        - wiz cis
        - recurrent after TURT
    - procedure
      - in male
        - embloc remove
        - p 101
      - in female
        - ant. pelvic excent.
      - diversion
        - incontinant
          - conduit
          - U-cut. shunt
        - continent
          - skin
          - anal canal
          - orthotopic
  - radioth.
    - poorer outcome
    - failed
      - salvage
  - genital sparing
  - bladder sparing
  - adjuvant
  - neoadj.
    - mvac
- inoperable
  - palliation to pain
    - pharma
    - surgery
  - palliation to hematurea
    - evacuate
    - irrigate
    - hemostatic
  - palliation to obstruction
    - B.neck
      - no suprapubic
    - ureters
      - permenant nephrostomy

bilh.

- non operable
  - palliation
- operable
  - radical
  - adj. radio & chemo

C/P

signs

- bilharz.
  - palpable
    - liver
    - LN
    - kidney
  - wall thickening
    - tender
    - mass
- non bilharz.
  - mobile mass
  - impalpable
  - late
    - renal mass
    - meta.
  - early

symptoms

- bilharz.
  - pain
    - perineal
    - suprapubic
    - sciatic
    - loin
  - fishy odour
  - turbid urine
  - exagrated cystitis
    - progressive
    - alarming
    - no response to med. ttt
- non-bilhar
  - renal mass
  - Asymp.
  - meta. symp.
  - exagrated cystitis
    - advanced
  - irritative symp.
  - hematureaS%

staging

TNM

- T4
  - LN or extravesical
- T3
  - T3b
    - macro. inv.
  - T3a
    - micro. inv.
- T2 "ms inv"
  - T2b
    - to jewett line
  - T2a
- T1
  - super. + lamina p.
- Ta
  - superf. epith.
- Tx
  - no clinical & hitopath.
- T0
  - -ve specimen

srog-jewett-marshall

- D
  - LN or other org.
- C
  - transmural
- B
  - muscle inv.
    - B1 superficial
    - to jewett line
    - B2 deep
- A
  - epithelial

A/E

- industerial
- tobacco
- chemotherapy
- ch. irritation
- irradiation
- phenacetin abuse
- bladder Extrophy

epidemiology

- age
  - 40-60y
    - bilharz.
  - 60-80y
    - non bilharz.
- M:F
  - 3:1

pathology

- non-bilharz.
  - Tcc 90%
    - dysplasia
    - CIS
    - superficial
    - ms. invasive
  - squamous 7-9%
  - adenoCA2%
- bilharz.
  - SQ.C.C75%
  - TCC.15%
  - adenoCA8%
  - fibrillary1-2%
- sarcoma
  - rabdoSA
  - small cell
- adenoCA
  - urachal
  - non-urachal
  - After extrophy